INDIANA SHERIFFS' ASSOCIATION, INC.

POST OFFICE BOX 19127; INDIANAPOLIS, IN 46219 1-800-622-4779

I.S.A. SCHOLARSHIP PROGRAM APPLICATION

The attached form for the Indiana Sheriffs' Association Scholarship Program consists of two parts:

PART I to be completed by you, the applicant, and signed by you and your parents or guardian. College students shall provide a transcript of college grades.

PART II to be completed and signed by your high school principal, college registrar or qualified school official.

QUALIFICATIONS

- 1. ALL APPLICANTS MUST BE AN INDIANA RESIDENT.
- 2. ALL APPLICANTS MUST BE COMMITTED TO PURSUING AN EDUCATION AND CAREER IN A LAW ENFORCEMENT FIELD AT AN INDIANA COLLEGE OR UNIVERSITY.
- 3. ALL APPLICANTS MUST BE A CURRENT MEMBER OF THE ASSOCIATION, OR A DEPENDENT CHILD OR GRANDCHILD OF A CURRENT MEMBER OF THE ASSOCIATION. If you do not meet the membership requirement, an application for membership is attached to this application. Just complete the application and return it with this Scholarship Application to meet the requirement.
- 4. ALL APPLICANTS MUST ENROLL AS A FULL-TIME STUDENT (12 hours).
- 5. ALL APPLICANTS MUST HAVE TAKEN THE SCHOLASTIC APTITUDE TEST (SAT) OR THE AMERICAN COLLEGE TEST (ACT).

ALL INFORMATION MUST BE <u>TYPED OR HAND PRINTED</u> <u>NEATLY</u>, COMPLETED IN FULL, AND RETURNED <u>BEFORE</u> <u>APRIL 1</u> TO: Indiana Sheriffs' Association; PO Box 19127; Indianapolis, IN 46219.

PART I-To be completed by the applicant--MUST BE TYPED OR HAND PRINTED NEATLY

Name						
Last		First	Middle			
Home Address	Post Office Box or Street	City	State ZIP			
Telephone Number	()	Home County	y			
Date of Birth		Social Security #				
Name of I.S.A. Me	mber	Relationship to Applicant				
Address of ISA Me	mber					
ather's Name		Place of Employment	Position Held			
Father's Address		Home Telephone #	_Business Telephone #			
Mother's Name		Place of Employment	Position Held			
Mother's Address		Home Telephone #	_ Business Telephone #			
Name of high school	ol you attend(ed)	Year graduate(d)				
School Address	Street	City	State ZIP			
Name of college or		lan to attend				
Field you plan to m	ajor in					
	rs or quarters completed a	t end of current school yea Quarters	ır:			
am currently enro	lled as a senior in high sch	nool Yes	No			
am currently enro	lled in a college/university Freshman Sor	as a: (circle one)	Senior			

1.	Do you reside with your parents? Yes No
	Parent(s) Name
2.	List income of parent(s) reported on last I.R.S. tax return \$
3.	List your income as reported on last I.R.S. tax return \$
4.	Please list names, ages and relationships of dependents in your immediate household:
	Name Age Relationship Name Age Relationship
	Number of household members (other than yourself) that are full-time college students
5.	What methods do you plan to use to finance your college education?
7.	Please list any special awards or recognition you have received for scholarships or other scholastic oriented achievements.
8.	Please list any hobbies or leisure-time activities that are of interest to you and any special recognition you may have received from these activities.
9.	Please list your principal high school and/or college clubs, organizations, activities and any office or positions held.
	Activity Office/Position Years Held

		Off		Years Held	
		and summer employme		ecent first.	
	Employer	Duties		Part-time/Summer (Spe	cify
	Have you ever been a	arrested for any alcohol	or drug related	offenses? date(s)	
				No	
	<u>-</u>	oout our scholarship pro	-	, grandparent, school, police	
	(a) your propo(b) how you re(c) what you e	of paper, please write a cosed course of college seached this decision, expect to gain from collegals and ambition	etudy,		
		eloping your essay. Thonal characteristics to r		opportunity to convey your Selection Committee.	
tai nc	ned in this application is coial aid office or qualified s	complete and true. I author	ize my high schoo the remainder of the	ogram and certify that all informal principal, or the office of registr his form and forward the required on Scholarship Program.	ar, o
da	rstand that the decisions of	of the Selection Committee	in the selection of	scholarship winners will be final	
ae					

PART II – To be completed by the High School Principal, College Registrar or Qualified School Official -- MUST BE TYPED OR HAND PRINTED NEATLY

TO THE SCHOOL OFFICIAL:

The Indiana Sheriffs' Association Scholarship Program is designed to recognize the academic achievements and total development of high school seniors and/or college students. Applicants are competing for a \$500 I.S.A. scholarship from within their area of the state.

In order to best evaluate the applicant, the Selection Committee needs information from you. It is hoped your comments will be complete and thoughtful in order to provide the Committee with a total picture of the applicant.

IF YOU FEEL THAT YOU, AS THE HIGH SCHOOL PRINCIPAL OR COLLEGE REGISTRAR, DO NOT KNOW THE APPLICANT WELL, THE FOLLOWING INFORMATION MAY BE PREPARED AND SUBMITTED BY ANOTHER QUALIFIED SCHOOL OFFICIAL. THANK YOU FOR YOUR HELP AND COOPERATION.

Stud	dent's Name
	This student ranks in a class of students at the
	end of semesters.
2.	This student's GPA is on a scale of
3.	This student took the Scholastic Aptitude Test (SAT) or the American College Test (ACT
	on Math
١.	Attached is the transcript of the student's high school records for semesters or
	college transcript for semesters.
	If the information is not included on the transcript, please indicate:
	Passing Grade Grade recommended for college work
	Type of course taken (General, College Preparatory, etc.)

our Signature	Date		
our Name	 Position		
chool's AddressStreet	City	State	ZIP
ame of School			
ome of Cabool			

Please use the space below to give the Selection Committee your appraisal of the student.

Your comments should include an appraisal of the student's scholastic achievements,

5.

19127; Indianapolis, IN 46219